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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 3440

SERIAL NUMBER 09/366,749	FILING DATE 08/04/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. 1330.1031/JR
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APPLICANTS

CHRISTOPHER THOMAS VOIGT, MCLEAN, VA;

SCOTT ALLEN RAIMIST, CENTREVILLE, VA;

** CONTINUING DATA *****

SL M/15

** FOREIGN APPLICATIONS *****

SL M/15

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/25/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	12	21	8
Verified and Acknowledged	<i>SL</i>	Examiner's Signature Initials			

ADDRESS

21171
 STAAS & HALSEY LLP
 SUITE 700
 1201 NEW YORK AVENUE, N.W.
 WASHINGTON , DC
 20005

TITLE

SYSTEM PROVIDING DESKTOP INTEGRATION OF PATIENT INFORMATION AND DOCUMENT MANAGEMENT

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
RECEIVED		

SERIAL NUMBER 09/366,749	FILING DATE 08/04/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 1330.1031/JR
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APPLICANT: CHRISTOPHER THOMAS VOIGT, MCLEAN, VA; SCOTT ALLEN RAIMIST, CENTREVILLE, VA.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/25/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 12	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 8
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ADDRESS Verifier and Acknowledged Examiner's Initials _____ Initials _____	STAAS & HALSEY 700 ELEVENTH STREET NW SUITE 500 WASHINGTON DC 20001
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TITLE SYSTEM PROVIDING DESKTOP INTEGRATION OF PATIENT INFORMATION AND DOCUMENT MANAGEMENT
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FILING FEE RECEIVED \$1,168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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